

LAKESHORE ELEMENTARY PTO PAYMENT/REIMBURSEMENT AUTHORIZATION FORM

Date: _____

Event/Purpose: _____

Reimbursement Requested by (print name): * _____

**Note: Please complete the entire top portion of form with signatures.
 Invoices/Receipts must be attached to this form for reimbursement.**

<u>Date</u>	<u>Item(s) Purchased</u>	<u>Purchased From</u>	<u>Amount</u>
TOTAL:			

Payment/Reimbursement Requested by(signature): * _____ Date: ___/___/___

Below is for Treasurer Use Only

Document(s) Reviewed and
 Payment Authorized by: _____ Date: ___/___/___

Check # _____ Dated ___/___/___ Issued and Recorded by: _____
 Payable to _____
 Amount \$ _____ Date: ___/___/___

NONE OF THESE SIGNATURES, UNDER ANY CIRCUMSTANCES, CAN BE THE SAME!

Note: All checks to school staff will be placed in their school mailbox. Checks to parent volunteers will be placed in the PTO mailbox for pick-up unless the volunteer submits a self-addressed stamped envelope along with this request. Thanks!